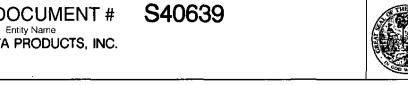
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

1. Entity Name





FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90161 036 ***150.00

ITA PROD	DUCTS, I	NC.							V	4-10-200	55 5010	51 050	130	.00	
3201 HIDDEN LAKE DR. E. 320				lailing Address 201 HIDDEN LAKE DR. E. ACKSONVILLE FL 32216			1			·					
2. Principal F	Place of Busi	ness	ailing Address												
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES							
City & State			City & State					4. FEI Number 59-3132976					<u> </u>	oplied For of Applicable	
Zip		Country	Zip	مسر در از محمد	Coun	try		- 2 -		tus Desire		Fe	8.75 Add e.Require		
	6. Nam	e and Address of Curren	Registere	ed Agent				7. Name	and Addr	ess of Nev	Regist	ered Ag	ent		
KUHN JOANNA M							Name								
3201 HIDDEN LAKE DR., E.						Street Address (P.O. Box Number is Not Acceptable) ,									
JACKSONVILLE FL 32216							FL Zip Code								
the obligat	named enti tions of regis	ty submits this statement for tered agent.	or the purp	oose of changing its	registere	Led office or	registere	ed agent, o	r both, in t	ne State of	Florida.		niliar with,	and accept	
SIGNATURE	Signature, type	d or printed name of registered agen	and title if app	plicable. (NOTE	: Registere	d Agent signat	re required v	when reinstatin	g)			DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								g		Campaign nd Contribu		g		May Be to Fees	
10.		OFFICERS AND	DIRECTO	PRS	11.			ADDITIO	NS/CHAN	IGES TO O	FFICERS	AND D	RECTORS	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DANNA M DEN LAKE DR, E. VILLE FL 32216		☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						***************************************		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		The Confession of the Confessi		☐ Delete							-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete									Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

URE Woanna M. Kuhn